18 May 2016

Shawn Weimer
Virginia Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060
Shawn.weimer@deq.virginia.gov

Re: VPDES Permit No. VA0090433 Permit Renewal Application (American Hardwood Industries LLC, Augusta Lumber Division – West Point Mill)

Dear Mr. Weimer,

Enclosed are the following completed documents for the VPDES Permit No. VA0090433 permit renewal application:

- EPA Form 1 with Site Location Map
- EPA Form 2C with Process Line Drawing
- EPA Form 2F with Site Drainage Map
- VPDES Permit Application Addendum
- VPDES Public Notice Billing Information Form
- Water Quality Criteria Monitoring Forms for Outfalls 001 and 901
- Safety Data Sheets for the three boiler chemicals used on site (ChemTreat BL-129, BL-151, and BL-1772)

As we discussed in our telephone conversation of 12 May 2016, the last approved Operations and Maintenance (O&M) Plan for the West Point Mill is dated 24 February 2003. AHI did submit a revised O&M/Groundwater Monitoring Plan on 16 April 2012, but never received approval for that plan.

AHI would like to make a formal request during the permit renewal process to change the frequency of water sampling and/or the analyses required for water samples collected at the facility. The facility has one outfall where combined boiler blowdown water (effluent) and storm water flows off the property. AHI proposes the following changes to the permit-required sampling regime:

- ***Outfall 001***: Currently, Outfall 001 (dry weather discharge or effluent) must be sampled monthly, with samples analyzed for flow, pH, total suspended solids (TSS), ammonia, total recoverable zinc, and oil and grease. A summary of Outfall 001 sampling data for the current and previous terms is included in Table 1 attached to this letter. The Fact Sheet attached to the 2011 permit renewal stated that the Outfall 001 sampling frequency was increased from quarterly to monthly due to the potential for toxicity from zinc and ammonia. Based on the information detailed below, AHI believes that monthly sampling is no longer required, as the zinc and ammonia levels have been well below permit limits. Furthermore, AHI does not feel that continued sampling for Oil and Grease is warranted, as 90 percent of the Outfall 001 samples

- collected during the current permit term had no detectable levels of oil and grease, and the maximum level detected was 10.1 mg/L. We would therefore like to request a change to quarterly sampling for Outfall 001 and removal of oil and grease from the analyte list.
  - Regarding ammonia concentrations, the 2011 effluent permit sample had an ammonia level of 0.31 mg/L. The 2016 effluent sample, however, had an ammonia level of 0.14 mg/L. In addition, of the 20 Outfall 001 samples collected during the current permit term, 70 percent did not have detectable levels of ammonia, and the maximum value detected was 0.21 mg/L. None of the samples contained ammonia at concentrations above the permit limit of 0.41 mg/L.
  - Regarding zinc concentrations, effluent tested in 2006 showed zinc at levels of concern. The 2006 permit therefore required testing for dissolved zinc. Based on the results of testing during the 2006 permit term, sampling for total recoverable zinc was added to the 2011 permit requirements, with a 4-year delay to allow the site to adjust its activities. Monthly samples were tested for dissolved zinc in the interim period. Of the 15 samples tested for dissolved zinc during the current permit term, 53 percent did not have detectable levels of zinc, and the highest concentration recorded was 21.8 µg/L. Of the 5 samples tested for total recoverable zinc during the current permit term, one did not have detectable levels of zinc, and the highest concentration recorded was 25.2 µg /L. The sample collected during the 2016 effluent sampling had a total recoverable zinc concentration of 14.7 µg/L. No Outfall 001 samples have exceeded the permit limit of 54 µg/L.
- ***Outfall 901***: Currently, Outfall 901 (storm water discharge) must be sampled quarterly, with samples analyzed for flow, pH, TSS, total recoverable zinc, and oil and grease. A summary of Outfall 901 sampling data for the current and previous terms is included in Table 2 attached to this letter. The Fact Sheet attached to the 2011 permit renewal stated that the Outfall 901 sampling frequency was increased from semiannually to quarterly due to exceedances of the benchmark value for TSS and the screening value for dissolved zinc. Storm water sample results from the site show that TSS benchmark levels have been exceeded 5 times during the current permit term, and zinc screening levels have been exceeded 3 times. TSS levels in the Outfall 001 samples are generally low, indicating that TSS is not due to boiler blowdown and related activities, but to the site's timber management activities. In addition, elevated levels of zinc appear to correlate with elevated TSS levels. The TSS and Zn levels above the screening and benchmark values therefore do not appear to be related to the non-storm water discharges, but to the site's normal industrial activities. That being the case, AHI would like to manage the storm water at the West Point Mill under the same permit conditions it must meet at its other sites, where the activities are managed under the VPDES General Industrial Storm Water Permit, Sector A for timber facilities. Currently, storm water sampling under the general permit is required every 6 months, rather than quarterly.
- ***Groundwater Monitoring***: Currently, the site's two groundwater monitoring wells must be sampled quarterly, with samples analyzed for dissolved zinc, ammonia, BOD, chloride, total phosphorus, total dissolved solids, total suspended solids, total organic carbon, pH, and specific conductance. A summary of monitoring well sampling data for the current and previous terms is included in Table 3 attached to this letter. AHI would like to decrease the number of analyses required for each sample, based on the sampling results. BOD results have been well below the benchmark level for the entire permit term, with 60 percent of MW-1 results and 65 percent of MW-2 results below the

detection limits. Chloride and dissolved zinc each show two exceedances in all the samples collected, and the last exceedance for either of these analytes was back in the third quarter of 2013. AHI therefore requests that these three analytes be removed from the sampling list. We would also like to discuss the sample data and potential off-site impacts in the site's monitoring wells. The sample data show that TSS and TOC levels are consistently above the screening levels in MW-1, the up-gradient well. All potential sources of TSS and TOC have been removed from the area up-gradient from MW-1 since 2011. Furthermore, the pH readings for MW-1 are consistently below 7.0 and generally in the range of 5.9 to 6.5. The area up-gradient from MW-1 is forested, and high levels of TOC and lower pH at MW-1 could therefore be due to the decay of organic material from the woods, not from site industrial activities.

AHI takes its environmental responsibilities seriously and appreciates the opportunity to improve its operations. Please contact either me or Mr. Stacey Robinson at the West Point Mill if you have any questions or concerns about this permit renewal application.

Sincerely,

Lesley Myers

Lesley Myers, CPEA, CPG
Environmental Manager
American Hardwood Industries

567 N Charlotte Avenue, Waynesboro, VA 22980
phone (540) 946-9150 *fax* (540) 946-9153 www.ahiwood.com

Please print or type in the unshaded areas only. Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: S F VA0090433 T/A C D

LABEL ITEMS
- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	16	X 17	18	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	19	X 20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X 22	23	24	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	25	X 26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	28	X 29	30	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	31	X 32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34	X 35	36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	37	X 38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40	X 41	42	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	43	X 44	45

III. NAME OF FACILITY

1 SKIP: American Hardwood Industries,LLC Augusta Lumber Division West Point Mill

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Robinson, Stacey, Plant Manager	(804) 843-2686

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 33072 King William Road

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 West Point	VA	23181

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 33072 King William Road

B. COUNTY NAME: King William

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 West Point	VA	23181	

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
2421 *(specify)* Sawmills and Planing Mills, General	2411 *(specify)* Wet Decking: only during hot, humid months; all wet decking operations occur on log storage concrete pad with no discharge (drains back to wet decking pond)
C. THIRD	**D. FOURTH**
(specify)	*(specify)*

VIII. OPERATOR INFORMATION

A. NAME: American Hardwood Industries, LLC Augusta Lumber Division

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P

(specify)

D. PHONE *(area code & no.)*: A (804) 843-2686

E. STREET OR P.O. BOX: 33072 King William Road

F. CITY OR TOWN: West Point

G. STATE: VA

H. ZIP CODE: 23181

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
N VA0090433	P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
U	40823 *(specify)* Virginia Stationary Source Permit to Modify and Operate (air emissions)
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
R	*(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

The facility is a sawmill and lumber yard that processes hardwood lumber. Site operations include receiving logs, debarking and sawing logs into boards at the sawmill, drying lumber in kilns at the property, trimming and stacking lumber into packs for sale, and storing lumber and logs at multiple locations across the property. Lumber packs are dipped in a dilute solution of anti-stain chemicals during the warmer months of the year to remove stains and to brighten the wood. Products generated at the site include veneer logs (trimmed and sold), cut lumber, sawdust, wood chips, and bark/mulch. Some of the sawdust generated at the site is burned in the site boiler to produce the steam used in the drying kilns.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Stacey Robinson, Plant Manager		

COMMENTS FOR OFFICIAL USE ONLY

CONTINUED FROM THE FRONT

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C. THIRD	**D. FOURTH**
(specify)	*(specify)*

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C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P

(specify)

D. PHONE *(area code & no.)*

A (804) 843-2686

E. STREET OR P.O. BOX

33072 King William Road

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
West Point	VA	23181	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
N VA0090433	P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
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R	*(specify)*

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A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Stacey Robinson, Plant Manager		5/17/16

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA0090433

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM 2C NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS

Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☑ YES (*complete the following table*) ☐ NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(s) CONTRIBUTING FLOW (*list*)	3. FREQUENCY a. DAYS PER WEEK (*specify average*)	3. FREQUENCY b. MONTHS PER YEAR (*specify average*)	4. FLOW a. FLOW RATE (*in mgd*) 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE (*in mgd*) 2. MAXIMUM DAILY	4. FLOW B. TOTAL VOLUME (*specify with units*) 1. LONG TERM AVERAGE	4. FLOW B. TOTAL VOLUME (*specify with units*) 2. MAXIMUM DAILY	4. FLOW C. DURATION (*in days*)
001	Boiler blowdown discharge	6	12	0.0004	0.0004	400 gal	400 gal	1
001	Boiler Water Filter Backwash	6	12	0.000042	0.000042	42 gal	42 gal	1

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (*complete Item III-B*) ☑ NO (*go to Section IV*)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (*or other measure of operation*)?

☐ YES (*complete Item III-C*) ☐ NO (*go to Section IV*)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	1. AVERAGE DAILY PRODUCTION b. UNITS OF MEASURE	1. AVERAGE DAILY PRODUCTION c. OPERATION, PRODUCT, MATERIAL, ETC. (*specify*)	2. AFFECTED OUTFALLS (*list outfall numbers*)
			VA0090433

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (*complete the following table*) ☑ NO (*go to Item IV-B*)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (*or other environmental projects which may affect your discharges*) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA0090433

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NONE			The facility is a sawmill and lumber yard that processes hardwood lumber. Site operations include receiving logs, debarking and sawing logs into boards at the sawmill, drying lumber in kilns at the property, trimming and stacking lumber into packs for sale, and storing lumber and logs at multiple locations across the property. Lumber packs are dipped in a dilute solution of anti-stain chemicals during the warmer months of the year to remove stains and to brighten the wood. Products generated at the site include veneer logs (trimmed and sold), cut

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (*list all such pollutants below*) ☑ NO (*go to Item VI-B*)

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (*identify the test(s) and describe their purposes below*) ☑ NO (*go to Section VIII*)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☑ YES (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ NO (*go to Section IX*)

A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
Air, Water & Soil Laboratories	1941 Reymet Road, Richmond, VA 23230	804-358-8295	Total Recoverable Metals (Ca, Mg, Se, Fe, Zn), Total Dissolved Metals (Ag, As, Be, Cd, Cr, Cu, Hg, Ni, Pb, Sb, Tl, Zn), Hardness, Oil & Grease, Ammonia, BOD, COD, Total Nitrogen (TKN, Nitrate + Nitrite), Total Phosphorus, TOC, TSS
Apex Companies, LLC	203 Wylderose Court, Midlothian, VA 23113	804-897-2718	Sulfite, pH, flow, temperature (measured in field)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (*type or print*)	B. PHONE NO. (*area code & no.*)
Stacey Robinson, Plant Manager	(804) 843-2686
C. SIGNATURE	D. DATE SIGNED

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (*identify the test(s) and describe their purposes below*) ☑ NO (*go to Section VIII*)

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Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

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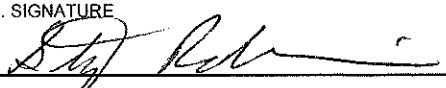
A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
Air, Water & Soil Laboratories	1941 Reymet Road, Richmond, VA 23230	804-358-8295	Total Recoverable Metals (Ca, Mg, Se, Fe, Zn), Total Dissolved Metals (Ag, As, Be, Cd, Cr, Cu, Hg, Ni, Pb, Sb, Tl, Zn), Hardness, Oil & Grease, Ammonia, BOD, COD, Total Nitrogen (TKN, Nitrate + Nitrite), Total Phosphorus, TOC, TSS
Apex Companies, LLC	203 Wylderose Court, Midlothian, VA 23113	804-897-2718	Sulfite, pH, flow, temperature (measured in field)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (*type or print*)	B. PHONE NO. (*area code & no.*)
Stacey Robinson, Plant Manager	(804) 843-2686
C. SIGNATURE	D. DATE SIGNED
	5/17/16

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): VA0090433

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)* — [redacted] — OUTFALL NO. 001

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCEN-TRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	3.1	5.2	NA	NA	NA	NA	1	mg/L	g	NA	NA	NA
b. Chemical Oxygen Demand (*COD*)	17.9	29.9	NA	NA	NA	NA	1	mg/L	g	NA	NA	NA
c. Total Organic Carbon (*TOC*)	6.9	11.5	NA	NA	NA	NA	1	mg/L	g	NA	NA	NA
d. Total Suspended Solids (*TSS*)	6.7	11.2	NA	NA	NA	NA	1	mg/L	g	NA	NA	NA
e. Ammonia (*as N*)	0.14	0.23	NA	NA	NA	NA	1	mg/L	g	NA	NA	NA
f. Flow	VALUE 0.000442		VALUE NA		VALUE NA		1	MGD	NA	VALUE NA		NA
g. Temperature (*winter*)	VALUE NA		VALUE NA		VALUE NA		NA	2411 °C		VALUE NA		NA
h. Temperature (*summer*)	VALUE 21.76		VALUE NA		VALUE NA		1	Wet Decking: only °C		VALUE NA		NA
i. pH	MINIMUM 6.03	MAXIMUM 10.52	MINIMUM	MAXIMUM			23	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCEN-TRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)	X													
h. Oil and Grease	X													
i. Phosphorus (as P), Total (7723-14-0)	X													
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)	X													
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)	X													
t. Magnesium, Total (7439-95-4)	X													
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0090433	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)		X		0.0147	0.0246					1	mg/L	g			
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)				***DELISTED 02-4-1981*** ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)				***DELISTED 01-8-1981*** ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloro-ethane (71-55-6)			X												
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)			X												
30V. Trichloro-fluoromethane (75-69-4)				***DELISTED 01-8-1981*** ANALYSIS NOT REQUIRED FOR THIS PARAMETER											
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichloro-benzene (106-46-7)			X												
23B. 3,3-Dichloro-benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro-toluene (121-14-2)			X												
28B. 2,6-Dinitro-toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro-benzene (118-74-1)			X												
34B. Hexachloro-butadiene (87-68-3)			X												
35B. Hexachloro-cyclopentadiene (77-47-4)			X												
36B Hexachloro-ethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro-sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

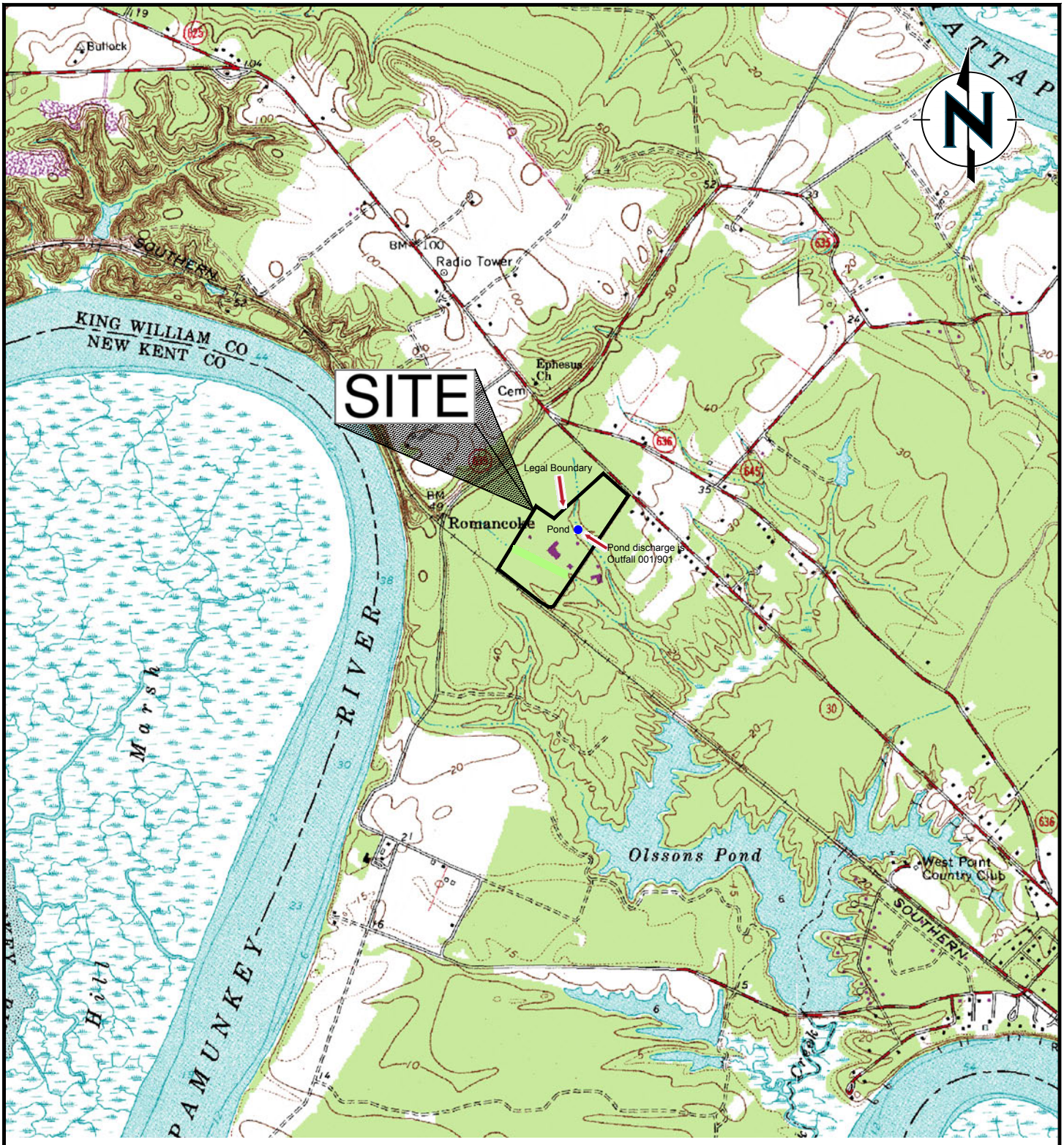
CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0090433	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												



Outfall 001/901Location
Latitude: 37 deg, 34 min, 22 sec
Longitude: 76 deg, 50 min, 37 sec

SCALE 1:24000

0 0.5 1
Kilometers

0 1/2 1
Miles

2000 0 2000 4000
Feet

Source: U.S. Geological Survey 7.5 minute (topographic) quadrangles; West Point, and New Kent, Virginia.

ENVIRON

DRAFTED BY: \GMILES Rev by: LLM/AHI Date: 02/24/2016

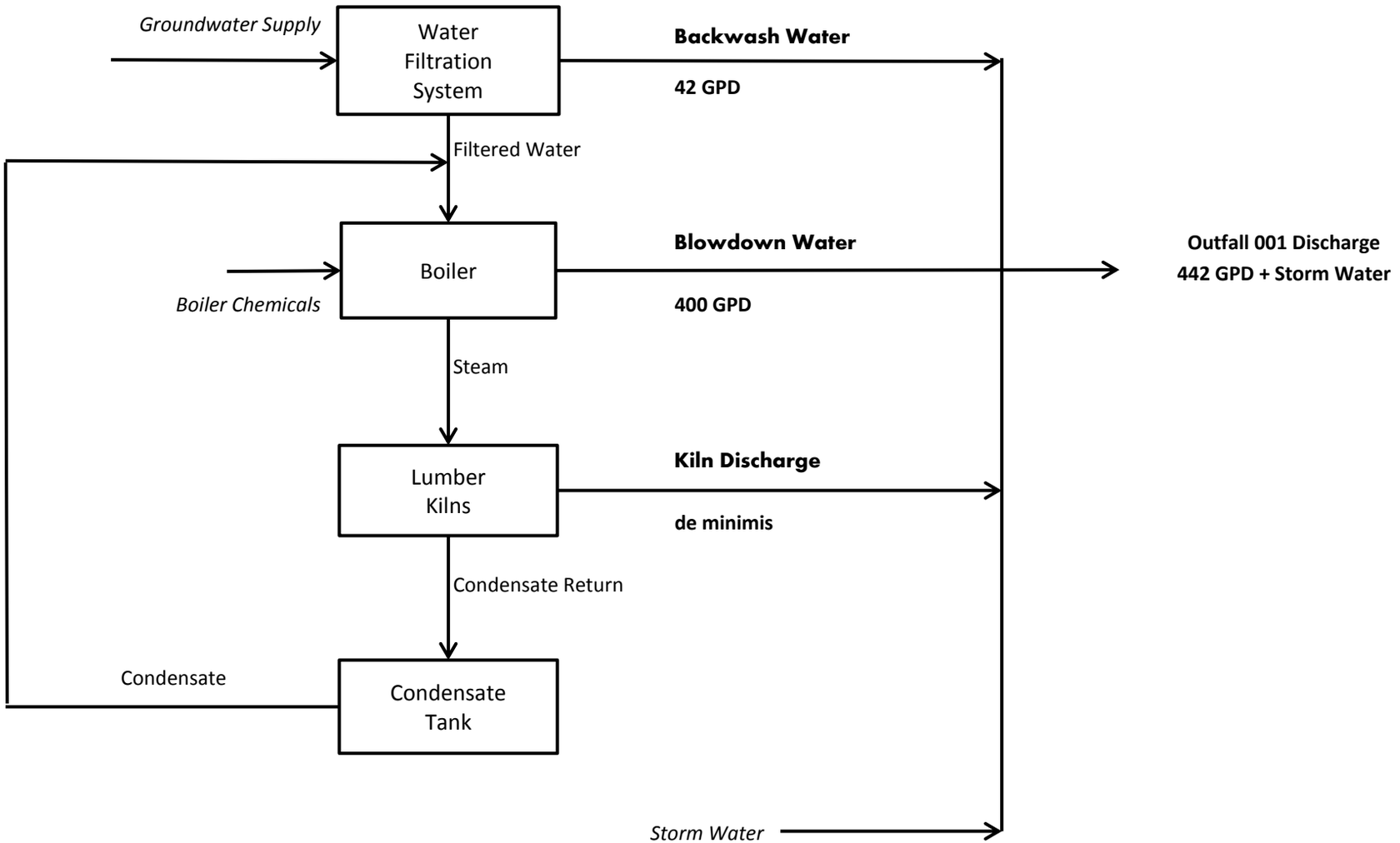
Site Location Map

West Point Mill

33072 King William Road, West Point, VA

Figure
1

C:\PROJECTS\02-33669A\SLM WEST POINT VA.DWG



Boiler Water/Storm Water Discharge Process Line Drawing
VPDES Permit VA0090433 Renewal Application Form 2C
American Hardwood Industries LLC Augusta Lumber Division West Point Mill
33072 King William Road, West Point, Virginia 23181

Drawn By: LL Myers
Date: 10-May-16

No Scale

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
VA0090433

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM 2F NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
901	13.2 acres	21.9 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Diesel Fuel: facility equipment fuel stored in AST with roof cover & concrete secondary containment; potential for exposure from vehicle overfills or line leaks. Used Oil: generated from equipment & vehicle maintenance, stored in AST with roof cover & concrete secondary containment; potential for exposure from AST overfills, spills of drip pans used to collect used oil, or line leaks. Hydraulic oil: equipment reservoirs located across the facility, either under roof or inside secondary containment, also some drum storage on secondary containment pallets at Petroleum Storage Building; potential for exposure from line failures or tank leaks, also drum leaks. NOTE: all of the petroleum materials at the site are covered under the facility SPCC Plan, which requires monthly inspections for leaks and routine preventive maintenance of equipment.
Dip Tank Chemicals: materials used in Dip Tank to clean mold from cut lumber; have 2 275-gallon intermediate bulk container (IBC) totes stored under roof on secondary containment pallets; potential for exposure when moving full totes on to the pallets.
Boiler Chemicals: materials used to remove scale from the site boiler, stored inside the Boiler Building; potential for exposure if drums rupture & material leaks outside secondary containment. No pesticides, herbicides, or fertilizers are applied at the site. Non-hazardous boiler ash is applied as a soil conditioner in areas where storm water does not drain from the property.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
901	Structural controls: storm water retention basin/sediment pond, with sediment removed as needed to maintain adequate flow; secondary containment pallets or structures for ASTs and bulk petroleum or chemical containers, all inspected monthly, rainwater or leaked materials removed as necessary and disposed of through contractor. Nonstructural controls: SPCC Plan and SWPPP developed for site, training conducted for appropriate personnel at least annually on each plan; monthly inspections conducted for both plans, issues addressed as noted; good housekeeping and spill prevention/clean up stressed in monthly site health & safety and environmental awareness training.	1-U

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (*type or print*)	Signature	Date Signed
Stacey Robinson, Plant Manager	804-843-2686	33072 King Williar

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Corporate Environmental Manager conducts the annual comprehensive site compliance evaluation (ACSCE) during dry weather to allow evaluation for nonstormwater discharges. A thorough inspection is conducted of the property, including the Outfall 001/901 drainage area, to determine whether there are any other nonstormwater discharges other than the boiler blowdown water allowed under VPDES Permit #VA0090433. The most recent ACSCEs were conducted on August 4, 2015, May 20, 2014, and December 26, 2013.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No such spills have occurred.

EPA ID Number *(copy from Item 1 of Form 1)*
VA0090433

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☑ Yes (*list all such pollutants below*) ☐ No (*go to Section IX*)

Sulfite (in boiler chemicals)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☑ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Air, Water & Soil Laboratories	1941 Reymet Road, Richmond, VA 23230	804-358-8295	Total Recoverable Metals (Ca, Mg, Se, Fe, Zn), Total Dissolved Metals (Ag, As, Be, Cd, Cr, Cu, Hg, Ni, Pb, Sb, Tl, Zn), Hardness, Oil & Grease, Ammonia, BOD, COD, Total Nitrogen (TKN, Nitrate + Nitrite), Total Phosphorus, TOC, TSS
Apex Companies, LLC	203 Wylderose Court, Midlothian, VA 23113	804-897-2718	Sulfite, pH, flow, temperature (measured in field)

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
Stacey Robinson, Plant Manager	(804) 843-2686
C. Signature	D. Date Signed

EPA ID Number *(copy from Item 1 of Form 1)*
VA0090433

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☑ Yes (*list all such pollutants below*) ☐ No (*go to Section IX*)

Sulfite (in boiler chemicals)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

IX. Contract Analysis Information

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☑ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Air, Water & Soil Laboratories	1941 Reymet Road, Richmond, VA 23230	804-358-8295	Total Recoverable Metals (Ca, Mg, Se, Fe, Zn), Total Dissolved Metals (Ag, As, Be, Cd, Cr, Cu, Hg, Ni, Pb, Sb, Tl, Zn), Hardness, Oil & Grease, Ammonia, BOD, COD, Total Nitrogen (TKN, Nitrate + Nitrite), Total Phosphorus, TOC, TSS
Apex Companies, LLC	203 Wylderose Court, Midlothian, VA 23113	804-897-2718	Sulfite, pH, flow, temperature (measured in field)

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
Stacey Robinson, Plant Manager	(804) 843-2686
C. Signature	D. Date Signed
	5/17/16

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
4/12/16	500	0.58	106.5	40 gallons/minute	207,893 gallons

7. Provide a description of the method of flow measurement or estimate.

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued**: American Hardwood Industries, LLC Augusta Lumber Division West Point Mill

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** Map #62, Parcels 23B & 23C

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 2 (est.)

5. **What is the design average effluent flow of this facility?** 0.000442 MGD (442 gallons/day)

For industrial facilities, provide the max. 30-day average production level, include units:

NA

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater**:

Boiler blowdown, filter backwash

0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works:

100 % of flow from non-domestic connections/sources

7. **Mode of discharge**: ☐ Continuous ☒ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

Boiler blowdown discharge each morning M-S for 30 seconds total

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

- ____ Permanent stream, never dry
- ____ Intermittent stream, usually flowing, sometimes dry
- ____ Ephemeral stream, wet-weather flow, often dry
- ____ Effluent-dependent stream, usually or always dry without effluent flow
- X Lake or pond at or below the discharge point
- ____ Other:

9. **Approval Date(s)**:

O & M Manual Feb. 24, 2003 **Sludge/Solids Management Plan** NA

Have there been any changes in your operations or procedures since the above approval dates? Yes ☒ No ☐

10. **Privately Owned Treatment Works**

If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

11. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: srobinson@ahiwood.com (West Point Mill Plant Manager)

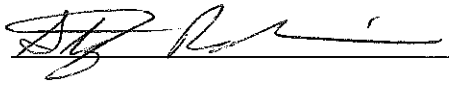
Additional email address: lmyers@ahiwood.com (AHI Environmental Manager)

Please note that our e-mail system has a size limit of 25 MB for attachments

☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Tidewater Review in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:	Augusta Lumber Division West Point Mill
Owner:	American Hardwood Industries, LLC
Agent/Department Address:	33072 King William Road
	West Point, VA 23181
Agent's Telephone No.:	804-843-2686
Printed Name:	Stacey Robinson
Authorizing Agent – Signature:	
Date:	5/17/16

VPDES Permit No. VA0090433
American Hardwood Industries Augusta Lumber Division West Point Mill

American Hardwood Industries, LLC Augusta Lumber West Point Mill
Outfall 001 (Dry Weather Sampling)

ATTACHMENT A
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY CRITERIA MONITORING

Effective January 1, 2012, all analyses shall be in accordance with 1VAC30-45, Certification for Noncommercial Environmental Laboratories, or 1VAC30-46, Accreditation for Commercial Environmental Laboratories.

A listing of Virginia Environmental Laboratory Accreditation Program (VELAP) certified and/or accredited laboratories can be found at the following website:
http://www.dgs.state.va.us/DivisionofConsolidatedLaboratoryServices/Services/EnvironmentalLaboratoryCertification/tabid/1059/Default.aspx

Please be advised that additional water quality analyses may be necessary and/or required for permitting purposes.

mg/L

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS[2]	SAMPLE TYPE[3]	SAMPLE FREQUENCY
METALS						
7440-36-0	Antimony, dissolved	(4)	1.4	<0.100	G	1/5 YR
7440-38-2	Arsenic, dissolved	(4)	1.0	<0.0100	G	1/5 YR
7440-43-9	Cadmium, dissolved	(4)	0.3	<0.0040	G	1/5 YR
16065-83-1	Chromium III, dissolved [6]	(4)	3.6	<0.0100	G	1/5 YR
18540-29-9	Chromium VI, dissolved [6]	(4)	1.6	<0.0100	G	1/5 YR
7440-50-8	Copper, dissolved	(4)	0.50	<0.0100	G	1/5 YR
7439-92-1	Lead, dissolved	(4)	0.50	<0.0100	G	1/5 YR
7439-97-6	Mercury, dissolved	(4)	1.0	<0.0002	G	1/5 YR
7440-02-0	Nickel, dissolved	(4)	0.94	<0.0100	G	1/5 YR
7782-49-2	Selenium, Total Recoverable	(4)	2.0	<0.0500	G	1/5 YR
7440-22-4	Silver, dissolved	(4)	0.20	<0.0100	G	1/5 YR
7440-28-0	Thallium, dissolved	(4)	(5)	<0.0500	G	1/5 YR
7440-66-6	Zinc, dissolved	(4)	3.6	<0.0100	G	1/5 YR
MISCELLANEOUS						
471-34-1	Hardness (mg/L as $CaCO_3$)	(4)	(5)	22.1	G	1/5 YR

___Stacey Robinson, Plant Manager _____
Name of Principal Executive Officer or Authorized Agent & Title

5/17/16
Signature of Principal Executive Officer or Authorized Agent & Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

FOOTNOTES:

(1) Quantification level (QL) means the minimum levels, concentrations, or quantities of a target variable (e.g. target analyte) that can be reported with a specified degree of confidence in accordance with 1VAC30-45, Certification for Noncommercial Environmental Laboratories, or 1VAC30-46, Accreditation for Commercial Environmental Laboratories.

Units for the quantification level are micrograms/liter unless otherwise specified.

Quality control and quality assurance information (i.e. laboratory certificates of analysis) shall be submitted to document that the required quantification level has been attained.

(2) If the reporting result is greater than or equal to the QL, then include the reporting result. If the reporting result is less than the QL, then report "< [lab QL]". For example, if the reporting result is below the QL with a QL of 25 micrograms/liter, then report "<25".

(3) Sample Type

G = Grab = An individual sample collected in less than 15 minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported. For grab metals samples, the individual samples shall be filtered and preserved immediately upon collection.

C = Composite = A 24-hour composite unless otherwise specified. The composite shall be a combination of individual samples, taken proportional to flow, obtained at hourly or smaller time intervals. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period.

(4) A specific analytical method is not specified; however, an appropriate method to meet the QL shall be selected from any approved method presented in 40 CFR Part 136.

(5) The QL is at the discretion of the permittee. If the test result is less than the method QL, a "<[QL]" shall be reported where the actual analytical test QL is substituted for [QL].

(6) Both Chromium III and Chromium VI may be measured by the total chromium analysis. The total chromium analytical test QL shall be less than or equal to the lesser of the Chromium III or Chromium VI method QL listed above. If the result of the total chromium analysis is less than the analytical test QL, both Chromium III and Chromium VI can be reported as "<[QL]", where the actual analytical test QL is substituted for [QL].

American Hardwood Industries, LLC Augusta Lumber West Point Mill
Outfall 901 (Storm Water Sampling)

ATTACHMENT A
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY CRITERIA MONITORING

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Please be advised that additional water quality analyses may be necessary and/or required for permitting purposes.

mg/L

CASRN	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS[2]	SAMPLE TYPE[3]	SAMPLE FREQUENCY
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7440-28-0	Thallium, dissolved	(4)	(5)	<0.0500	G	1/5 YR
7440-66-6	Zinc, dissolved	(4)	3.6	<0.0100	G	1/5 YR
MISCELLANEOUS						
471-34-1	Hardness (mg/L as $CaCO_3$)	(4)	(5)	29.8	G	1/5 YR

___Stacey Robinson, Plant Manager _____
Name of Principal Executive Officer or Authorized Agent & Title

5/17/16
Signature of Principal Executive Officer or Authorized Agent & Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

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